



# EMPLOYMENT APPLICATION

**Submit Application to:**  
 Quin Rivers, Inc.  
 P.O. Box 208  
 12025 Courthouse Circle, Suite 300  
 New Kent, VA 23124  
 Fax 804-966-8739  
[employment@quinrivers.org](mailto:employment@quinrivers.org)

FOR OFFICIAL USE ONLY			
Agency Authorized Signature	Date Received		Status
POSITION APPLIED FOR			
Title			
Referral Source			
Date Available		Salary Required	

APPLICANT DATA	
Name	
Address	
City/State/Zip Code	
Home Phone	Cellular Phone
Email Address	
Social Security Number	

**GENERAL INSTRUCTIONS**

- To be considered for employment, complete your application in its entirety, sign in the certification section and specify the position for which you are applying.
- Your application must be received by the closing date.
- All information you submit is subject to verification.
- Programs, services and employment are equally available to everyone. Please contact the Human Resources Department if you require reasonable accommodation for the application or interview.

**EDUCATION**

**HIGH SCHOOL:**

NAME/ADDRESS OF SCHOOL	RECEIVED: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) <input type="checkbox"/> None
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**COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)**

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

**SPECIALIZED TRAINING: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)**

TITLE OF PROGRAM/COURSES	COMPANY/SCHOOL	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CEU		YES	NO

**OCCUPATIONAL LICENSES, REGISTRATION, CERTIFICATION** List any professional license(s) or certification(s) you hold

LICENSE, REGISTRATION OR CERTIFICATION:	Issuing Authority	Issue Date	Expiration Date	License/Certification #

## EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent employment. Provide a detailed description of regularly assigned ongoing duties for each job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets, using the same format as on the application. Resumes are acceptable for the description of duties and responsibilities ONLY. All other information in this section must be completed.

Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. (     ) \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates of Employment: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Starting/Ending Salary: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer for a reference?     Yes     No

Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. (     ) \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates of Employment: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Starting/Ending Salary: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer for a reference?     Yes     No

Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. (     ) \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates of Employment: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Starting/Ending Salary: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer for a reference?     Yes     No

## Summarize Your Special Skills or Qualifications

List the skills you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Background Information

Have you ever been convicted of a misdemeanor or felony?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have a misdemeanor or felony charge pending?  Yes  No

If yes, please explain: \_\_\_\_\_

Answering "Yes" to these questions will not automatically bar you from employment. The nature, job relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

## Relatives

Are you related to anyone who currently works for Quin Rivers, Inc?  Yes  No If yes, please indicates name(s) of relatives: \_\_\_\_\_

## Citizenship

Are you a United States citizen?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

## Miscellaneous

Have you ever been employed by Quin Rivers, Inc?  Yes  No

If yes, please indicated dates of employment and department: \_\_\_\_\_

Have you ever been dismissed or resigned in lieu of dismissal?  Yes  No

If yes, please explain: \_\_\_\_\_

If you are under 18 and we require a work permit, can you furnish one?  Yes  No

If no, please explain: \_\_\_\_\_

Driver' license number if applicable to position: \_\_\_\_\_ State: \_\_\_\_\_

## CERTIFICATION:

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_